

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC

February 13, 2025

[REDACTED] ADMINISTRATOR  
DIVINITY MANOR LLC  
932-34 NORTH 42ND STREET  
PHILADELPHIA, PA, 19104

RE: DIVINITY MANOR  
932-34 NORTH 42ND STREET  
PHILADELPHIA, PA, 19104  
LICENSE/COC#: 13874

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/24/2024 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *DIVINITY MANOR* License #: *13874* License Expiration: *10/05/2024*  
Address: *932-34 NORTH 42ND STREET, PHILADELPHIA, PA 19104*  
County: *PHILADELPHIA* Region: *SOUTHEAST*

**Administrator**

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

**Legal Entity**

Name: *DIVINITY MANOR LLC*  
Address: *932-34 NORTH 42ND STREET, PHILADELPHIA, PA, 19104*  
Phone: [Redacted] Email: [Redacted]

**Certificate(s) of Occupancy**

Type: *Other* Date: *03/02/1987* Issued By: *City of Philadelphia L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *21* Waking Staff: *16*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal* Exit Conference Date: *09/24/2024*

**Inspection Dates and Department Representative**

09/24/2024 - On-Site: [Redacted]

**Resident Demographic Data as of Inspection Dates**

| General Information                   |    |   |           |                   |
|---------------------------------------|----|---|-----------|-------------------|
| License Capacity:                     | 30 | Residents Served:                       | 21        |                   |
| Secured Dementia Care Unit            |    |   |           |                   |
| In Home:                              | No | Area:                                   | Capacity: | Residents Served: |
| Hospice                               |    |   |           |                   |
| Current Residents:                    | 0  |   |           |                   |
| Number of Residents Who:              |    |   |           |                   |
| Receive Supplemental Security Income: | 21 | Are 60 Years of Age or Older:           | 14        |                   |
| Diagnosed with Mental Illness:        | 21 | Diagnosed with Intellectual Disability: | 0         |                   |
| Have Mobility Need:                   | 0  | Have Physical Disability:               | 0         |                   |

**Inspections / Reviews**

09/24/2024 - Full  
Lead Inspector: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *10/13/2024*

10/28/2024 - POC Submission  
Submitted By: [Redacted] Date Submitted: *01/22/2025*  
Reviewer: [Redacted] Follow-Up Type: *POC Submission* Follow-Up Date: *11/01/2024*

Inspections / Reviews (*continued*)

## 11/08/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 01/22/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 11/29/2024

## 01/15/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/22/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 01/20/2025

## 02/13/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/22/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

5a1 - DHS Access

1. Requirements

2600.

5.a. The administrator or a designee shall provide, upon request, immediate access to the home, the residents and records to:

- 1. Agents of the Department.

Description of Violation

On 9/24/2024, at 11:33 AM, an agent of the Department requested access to bank statements for resident's bank accounts that were managed by the home. Staff person [REDACTED] the administrator stated [REDACTED] does not have access to these. These documents were not received.

Repeat Violation: 5/24/2023

Plan of Correction

Accept ([REDACTED] - 10/22/2024)

Administrator [REDACTED] provided in house financial ledgers for the residents as requested on the day of inspection. Divinity Manor Administration will develop an online access plan to ensure that bank statements for any residents requested will available at anytime during inspection also this policy will be added to the administration checklist effective October 1st 2024

Licensee's Proposed Overall Completion Date: 10/09/2024

Implemented ([REDACTED] - 01/15/2025)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On [REDACTED], during a room check, staff member B discovered resident 1 missing. Resident 1 was last seen during dinnertime. Home stated they contacted the police and filed a report. Resident 1 has not returned to the home. The home did not submit an incident report to the Department.

Plan of Correction

Accept ([REDACTED] - 11/08/2024)

Administrator [REDACTED] implemented a missing person policy on 10/2/24 where within a 24 hour period any resident that does not return within that time frame an incident report will be generated by Divinity Manor staff, also Administration will be responsible for faxing report to DHS in a timely manor. Action to start immediately.

An in-service on this topic was conducted by the Administrator [REDACTED] on 10/30/24, including all direct care staff. Documentation of attendance will be logged and materials will be distributed on the topic accordingly if necessary.

Licensee's Proposed Overall Completion Date: 10/30/2024

Implemented ([REDACTED] - 01/15/2025)

20b1 - Financial Records

**3. Requirements**

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

**Description of Violation**

*The home manages the finances for resident 1,2,3 and 4. However, on the home's financial records the home incorrectly documents the forward balances as new deposits weekly.*

**Plan of Correction**

**Accept (█ - 10/28/2024)**

*Administrator █ will make adjustments to the ledger to ensure proper balances are forwarded correctly a monthly checklist was implemented on September 30th. All resident ledgers in October will reflect the updated change.*

**Licensee's Proposed Overall Completion Date: 10/09/2024**

**Implemented (█ - 01/15/2025)**

**20b5 - No Commingling**

**4. Requirements**

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 5. Commingling of resident funds and home funds is prohibited.

**Description of Violation**

*On 9/24/2024, the home could not provide documentation showing that resident's funds were being deposited into their own separate accounts, and not being commingled.*

**Plan of Correction**

**Accept (█ - 10/28/2024)**

*Administration █ will provide bank statements upon request for any Divinity Manor resident via online support at anytime during state inspection going forward. Action will be enforced immediately records will be kept in Administrative Resident Bank Statement binder file implemented on Oct. 1st*

**Licensee's Proposed Overall Completion Date: 10/09/2024**

**Implemented (█ - 02/13/2025)**

**65d - Initial Direct Care Training**

**5. Requirements**

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 1. Training that includes a demonstration of job duties, followed by supervised practice.
- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.
- 3. Initial direct care staff person training to include the following:
  - i. Safe management techniques.

65d - Initial Direct Care Training (continued)

- ii. ADLs and IADLs
- iii. Personal hygiene.
- iv. Care of residents with dementia, mental illness, cognitive impairments, an intellectual disability and other mental disabilities.
- v. The normal aging-cognitive, psychological and functional abilities of individuals who are older.
- vi. Implementation of the initial assessment, annual assessment and support plan.
- vii. Nutrition, food handling and sanitation.
- viii. Recreation, socialization, community resources, social services and activities in the community.
- ix. Gerontology.
- x. Staff person supervision, if applicable.
- xi. Care and needs of residents with special emphasis on the residents being served in the home.
- xii. Safety management and hazard prevention.
- xiii. Universal precautions.
- xiv. The requirements of this chapter.
- xv. Infection control.
- xvi. Care for individuals with mobility needs, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, if applicable to the residents served in the home.

**Description of Violation**

The home does not have documentation that Direct care staff person C, hired on [REDACTED], has completed and passed the Department-approved direct care training course and passed the competency test. Staff person C has been providing direct care to residents of the home since their hire date.

**Plan of Correction**

Accept ( [REDACTED] ) - 11/08/2024)

Administrator [REDACTED] has implemented a hiring packet checklist on September 30th ensuring all training modules are completed before the hiring date required by state reg. 2600. Also staff person C is in the process of taking the state require competency test from Temple's online website. Competency test has been completed by staff person C on October 15th. Audits will be conducted annually on staff files ensuring all training documents are updated and or current as needed. A checklist audit binder has been established by Administration for accurate record keeping it will be monitored on a monthly basis.

An in-service on this topic will be conducted by the Administrator [REDACTED] on 10/30/24, including all direct care staff. Documentation of attendance will be logged and materials will be distributed on the topic accordingly if necessary.

Licensee's Proposed Overall Completion Date: 10/30/2024

Implemented ( [REDACTED] ) - 02/13/2025)

65e - 12 Hours Annual Training

**6. Requirements**

- 2600.
- 65.e. Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

**Description of Violation**

Direct care staff person C received only 7 hours of annual training in training year 3/1/2023-2/28/2024.

Repeat Violation: 5/24/2023

**Plan of Correction**

Accept ( [REDACTED] ) - 11/08/2024)

Administrator [REDACTED] on September 30th has revised its annual task checklist to ensure that all Divinity

65e - 12 Hours Annual Training (continued)

Manor DCS training hours are meant on a yearly basis. Also staff files will be audited on a yearly basis a checklist binder has been established for the audits by Administration to ensure all training documents are current on a monthly basis.

An in-service on this topic will be conducted by the Administrator [REDACTED] on 10/30/24, including all direct care staff. Documentation of attendance will be logged and materials will be distributed on the topic accordingly if necessary.

Licensee's Proposed Overall Completion Date: 10/30/2024

Implemented ( [REDACTED] - 01/15/2025)

65f - Training Topics

7. Requirements

2600.

65.f. Training topics for the annual training for direct care staff persons shall include the following:

1. Medication self-administration training.
2. Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
3. Care for residents with dementia and cognitive impairments.
4. Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
5. Personal care service needs of the resident.
6. Safe management techniques.
7. Care for residents with mental illness or an intellectual disability, or both, if the population is served in the home.

Description of Violation

Direct care staff person B did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 3/1/2023-2/28/2024.

Direct care staff person C did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, care for residents with dementia and cognitive impairments, infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration, personal care service needs of the resident, safe management techniques, and care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 3/1/2023-2/28/2024.

Direct care staff person D did not receive training in medication self-administration training, instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan, and care for residents with mental illness or an intellectual disability, or both, if the population is served in the home during training year 3/1/2023-2/28/2024.

Repeat Violation: 5/24/2023

65f - Training Topics (continued)

Plan of Correction

Directed ( ) - 11/08/2024)

Administrator ( ) will develop a self training plan checklist on all topics for the training year, meetings will be conducted with Staff to go over yearly plans on Oct 10th. Staff files will be audited on a yearly basis and a audit checklist binder has been established by Administration to ensure accurate record keeping and documents are current.

An in-service on this topic will be conducted by the Administrator ( ) on 10/30/24, including all direct care staff. Documentation of attendance will be logged and materials will be distributed on the topic accordingly if necessary.

Directed Plan of Correction: in addition to the above POC, the administrator or designee shall audit employee trainings quarterly to ensure staff are completing trainings according to the staff training plan, and that all documentation is in the employee file. Quarterly audits shall begin by Jan 31, 2025.

Directed Completion Date: 10/30/2024

Implemented ( ) - 02/13/2025)

65g - Annual Training Content

8. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

1. Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert. Videos prepared by a fire safety expert are acceptable for the training if accompanied by an onsite staff person trained by a fire safety expert.
2. Emergency preparedness procedures and recognition and response to crises and emergency situations.
3. Resident rights.
4. The Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102).
5. Falls and accident prevention.
6. New population groups that are being served at the home that were not previously served, if applicable.

Description of Violation

Staff person B did not receive training in resident rights during training year 3/1/2023-2/28/2024.

Staff person C did not receive training in emergency preparedness procedures and recognition and response to crises and emergency situations, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and falls and accident prevention during training year 3/1/2023-2/28/2024.

Staff person D did not receive training in emergency preparedness procedures and recognition and response to crises and emergency situations, the Older Adult Protective Services Act (35 P.S. § § 10225.101—10225.5102), and resident rights during training year 3/1/2023-2/28/2024.

Repeat Violation: 5/24/2023

Plan of Correction

Directed ( ) - 11/08/2024)

Administrator ( ) again will develop and implement a training checklist to ensure all training courses are completed by DCS at Divinity Manor that meets 2600 criteria. Action will be updated by Oct. 15th. Staff files will be audited on a yearly basis an a audit checklist binder has been created by Administration to ensure documents are

65g - Annual Training Content (continued)

current and accurate record keeping.

An in-service on this topic will be conducted by the Administrator on 10/30/24, including all direct care staff. Documentation of attendance will be logged and materials will be distributed on the topic accordingly if necessary.

Directed Plan of Correction: in addition to the above POC, the administrator or designee shall audit employee trainings quarterly to ensure staff are completing trainings according to the staff training plan, and that all documentation is in the employee file. Quarterly audits shall begin by Jan 31, 2025.

Directed Completion Date: 10/30/2024

Implemented ( ) - 02/13/2025)

66a - Staff Training Plan

9. Requirements

2600.

66.a. A staff training plan shall be developed annually.

Description of Violation

The home does not have a staff training plan for training year 3/1/2024-2/28/2025.

Plan of Correction

Accept ( ) - 11/08/2024)

On October 2, a staff training plan was initiated for the duration of the training year by Administrator ( ) ( ) also all staff files will be audited on a yearly basis also a checklist audit binder has been created by Administration to ensure all documents are current and promote good record keeping.

An in-service on this topic will be conducted by Administrator ( ) on 10/30/24, including all direct care staff. Documentation of attendance will be logged and materials will be distributed on the topic accordingly if necessary.

Licensee's Proposed Overall Completion Date: 10/30/2024

Implemented ( ) - 02/13/2025)

85a - Sanitary Conditions

10. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On 9/24/2024 at 11:48 AM staff person E was checking a resident's blood glucose meter. The staff person removed the test strip with a ungloved hand and paper napkin and tossed it into an open trash can. The staff person then removed and poured another residents liquid medication into a paper medication cup. Staff person E did not wash or sanitize their hands in between residents.

On 9/24/24, at approximately 1:00 PM, there was no method to dry hands in the second floor shared womens bathroom.

Plan of Correction

Accept ( ) - 11/08/2024)

On Oct. 3rd Administrator ( ) updated Divinity Manor's bathroom checklist adding that all hand

85a - Sanitary Conditions (continued)

*dryers be checked daily(everyday) during bathroom inspections to ensure proper functioning, documentation by DCS on its daily sheet will occur as well. Second floor hand dryer was repaired on September 30th.*

*An in-service on this topic will be conducted by the Administrator [REDACTED] on 10/30/24, including all direct care staff. Documentation of attendance will be logged and materials will be distributed on the topic accordingly if necessary.*

**Licensee's Proposed Overall Completion Date: 10/30/2024**

**Implemented ( [REDACTED] - 01/15/2025)**

88a - Surfaces

11. Requirements

2600.

88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

**Description of Violation**

*The closet door in the 3rd floor hallway near room 10 is off the hinges.*

**Plan of Correction**

**Accept ( [REDACTED] - 11/08/2024)**

*On Oct 3rd Administrator [REDACTED] updated Divinity Manor's daily task checklist for staff ensuring all closet and room furniture are in good condition and not a risk to residents. DCS will be responsible everyday to document this daily checklist to to ensure this compliance is adhere to. On September 30th hallway closet was repaired.*

*An in-service on this topic will be conducted by the Administrator [REDACTED] was conducted on 10/30/24, including all direct care staff. Documentation of attendance will be logged and materials will be distributed on the topic accordingly if necessary.*

**Licensee's Proposed Overall Completion Date: 11/03/2024**

**Implemented ( [REDACTED] - 01/15/2025)**

95 - Furniture and Equipment

12. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

**Description of Violation**

*The dresser in room 12 does not have working drawers and is unable to be used by residents.*

*The light fixture in the second floor men's bathroom is hanging from the ceiling.*

**Plan of Correction**

**Accept ( [REDACTED] - 11/08/2024)**

*Again on Oct 3rd Administrator [REDACTED] updated Divinity Manor's daily task checklist ensuring all fixtures and furniture are in good condition and not a hazard to any resident. DCS will be responsible to document this daily checklist to ensure this compliance is adhere to .On September 30th light fixture in the 2nd floor mens bathroom has been repaired and the dresser in room 12 has been replaced by a new one. Also an in-service was conducted by Administrator [REDACTED] on October 30 including all Direct Care Staff at Divinity Manor*

**Licensee's Proposed Overall Completion Date: 11/03/2024**

95 - Furniture and Equipment (continued)

Implemented ( ) - 01/15/2025)

96a - First Aid Kit

13. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

The first aid kit in the medication room does not include eye coverings.

Plan of Correction

Accept ( ) - 11/08/2024)

Administrator ( ) will update the daily task checklist effective October 3rd all first aid kits will be equipped with all necessary items required as per state regulations. All DCS will be required to document daily checklist on a monthly basis to ensure compliance is adhere to. As of Oct. 3rd all first aid kits have been replaced. An in-service was conducted on November 1st by Administrator ( ) in regards to this topic which included all DCS in attendance.

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented ( ) - 02/13/2025)

103f - Refrigerator/Freezer Temps

14. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

On 9/24/2024 at 10:15 AM the temperature in the dining room refrigerator was 50 degrees Fahrenheit and at 2:17 PM it was 50 degrees Fahrenheit.

Plan of Correction

Accept ( ) - 10/28/2024)

Administrator ( ) implemented a thermometer temperature daily checklist form on Oct. 4th which will monitored monthly by DCS to ensure that all refrigerators and freezers meet the required guidelines as per state regulations also an in-service was conducted with DCS on Oct 7th in regards to this new protocol.

Licensee's Proposed Overall Completion Date: 10/09/2024

Implemented ( ) - 02/13/2025)

103g - Storing Food

15. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

On 9/24/24, in the dining room refrigerator, the was a large block of Colby cheese that was opened and unsealed.

Plan of Correction

Accept ( ) - 11/08/2024)

Administrator ( ) generated a kitchen task checklist on October 7th which includes the following:

103g - Storing Food (continued)

making sure all items are labeled properly, items are dated, sealed and refrigerators are maintenance on a monthly basis. An in-service was conducted by Administrator [REDACTED] on 10/30/24 which included all DCS. Documentation of attendance was logged and materials were distributed in regards to this compliance topic.

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented ( [REDACTED] - 02/13/2025)

103i - Outdated Food

16. Requirements

2600.  
103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

On 9/24/24, there was an unlabeled, undated block of Colby cheese in the dining room refrigerator.

Plan of Correction Accept ( [REDACTED] - 11/08/2024)

Administrator [REDACTED] implemented a kitchen task checklist on October 7th which includes making sure all items are labeled, dated and sealed properly before being stored in the refrigerators or freezers task checklist will be documented on a monthly basis to ensure compliance. In-service was conducted by Administrator [REDACTED] on 10-30-24 which included all Divinity Manor DCS employees.

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented ( [REDACTED] - 02/13/2025)

107d - Procedure Emergency Management Agency Submission

17. Requirements

2600.  
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been submitted to the local emergency management agency.

Plan of Correction Accept ( [REDACTED] - 10/28/2024)

On October 11th Administrator [REDACTED] submitted Divinity Manor's emergency procedure plan to the OEM in full detail located in Philadelphia, going forth to ensure updated record keeping administration has revised its task checklist on Oct. 11th adding that this procedure will be annually

Licensee's Proposed Overall Completion Date: 10/13/2024

Implemented ( [REDACTED] - 02/13/2025)

121a - Unobstructed Egress

18. Requirements

2600.  
121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

On 9/24/2024 at 1:02 PM, A large chair with a sign that read "do not sit in this chair ever during break" was blocking

121a - Unobstructed Egress (continued)

the egress that is next to the administrators office.

Plan of Correction

Accept ( ) - 11/08/2024)

On September 27th (Administrator) updated its daily task checklist adding the policy that all egress areas of the building are free of objects task checklist will be monitored on a monthly basis. In-service was conducted by Administrator on 10-30-24 all Divinity Manor DCS was in attendance

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented ( ) - 01/15/2025)

132b - Safety Inspection/Fire Drill

19. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

The last fire safety inspection and drill observed by a fire safety expert was conducted on 7/22/2024. The home could not provide proof of previous fire safety inspection or drill.

Plan of Correction

Accept ( ) - 10/28/2024)

Divinity Manor had a fire safety expert on the premises last on 7/22/23, the 2023 document has been recovered which will be sent in the next phase of the POC going forth so this wont happen again on September 27th Administrator has revised the fire policy task checklist which includes all fire drills and inspection documents be kept in a separate file to ensure accurate record keeping.

Licensee's Proposed Overall Completion Date: 10/11/2024

Implemented ( ) - 01/15/2025)

144c1 - Smoking Area Guidelines

20. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

On 9/24/2024 at 2:06 PM, a resident was sitting outside and smoking underneath a cloth umbrella which is in the home's designated smoking area. The umbrella had cigarette burns and was not fire safe.

Plan of Correction

Accept ( ) - 10/28/2024)

Administrator has implemented an outside fire and safety policy which states all designated smoking areas will be check daily by DCS to ensure no fire hazards exist in these areas policy went in effect on September 27th and umbrella has since been removed. Also a QM meeting with Divinity Manor staff was conducted on the Sept. 27th also.

Licensee's Proposed Overall Completion Date: 10/10/2024

144c1 - Smoking Area Guidelines (continued)

Implemented ( ) - 01/15/2025

181c - Self-administration Assessment

21. Requirements

2600.

181.c. The resident's assessment shall identify if the resident is able to self-administer medications as specified in § 2600.227(e) (relating to development of the support plan). A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

Description of Violation

Resident 4 self-administers medications to include insulin injections; however, resident 4 has not been assessed by a physician, physician's assistant or certified, registered nurse practitioner regarding the ability to self-administer and the need for reminders to take medications. Resident 4's medical evaluations dated 9/19/2024 and 9/19/2023 indicate resident 4 cannot self-administer medications.

Repeat Violation: 5/24/2023, 8/17/2023

Plan of Correction

Accept ( ) - 11/08/2024

Resident 4 is not certified to self medicate. Divinity Manor's Direct Care Staff will administer all medications including injections. On September 25th Administrator ( ) updated all documents with the accurate information pertaining to Resident 4. Also the administration policy task checklist has been updated ensuring all resident DME's and RASP coincide with one another. This task checklist will be monitored on a monthly basis ensuring accurate record keeping. In-service was conducted on this topic by Administrator ( ) on 10-30-24 which included all DCS.

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented ( ) - 01/15/2025

183e - Storing Medications

22. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On 9/24/2024 there was an Albuterol Sulfate HFA inhaler for resident 7 that expired 5/8/2024 in the home's medication cart.

On 9/24/24, Resident 8's Insulin Glargine injection pen was open and undated. The pen should be discarded 28 days after opening.

On resident 8's Vitamin D3 23 MCG blister pack, the foil backing for pill 8 was punctured and taped over to keep the pill inside the package, the pill was also stuck to the tape.

On resident 9's blister pack of lorazepam tablet 1 mg, the foil backing for pill 9 was punctured and taped over to keep the pill inside the package.

183e - Storing Medications (continued)

Plan of Correction

Accept ( ) - 10/28/2024)

On September 30th Administrator [redacted] revised the medication task checklist which states all medication and blister packs be checked daily, faulty punctures or holes on any damaged blister packs should be reported administration immediately, in-service was conducted with Divinity Manor DCS on September 30th also.

Licensee's Proposed Overall Completion Date: 10/11/2024

Implemented ( ) - 02/13/2025)

184a - Resident's Meds Labeled

23. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

On 9/24/2024, a Balsar injection pen belonging to resident 4 was in the medication cart and did not have a pharmacy label and was not otherwise labeled with the resident's name.

Plan of Correction

Accept ( ) - 11/08/2024)

On September 30th Administrator [redacted] revised Divinity Manor's medication task checklist which states all medication in the medication be labeled properly with resident name and pharmacy label daily. In-service was conducted September 30th with Divinity Manor DCS. All medication in the cart now have been updated with labels. Also on October 30 2024 Administrator [redacted] implemented a audit task checklist binder to be monitored on a weekly basis to ensure accurate and updated record keeping

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented ( ) - 02/13/2025)

185a - Implement Storage Procedures

24. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident 10 is prescribed Naproxen tablet 500 MG Take one tablet by mouth every 12 hours as needed for pain. On 9/24/2024 this medication was not available in the home.

Plan of Correction

Accept ( ) - 10/28/2024)

Administrator [redacted] has implemented an medication audit sheet on September 30th, which will be conducted every 2 weeks at the time Divinity Manors batch is delivered for residents this will ensure that all medication is accounted for and should promote good record keeping. DCS was in-serviced on September 30th for this task and will be responsible.

Licensee's Proposed Overall Completion Date: 10/13/2024

185a - Implement Storage Procedures (continued)

Implemented ( ) - 02/13/2025

187a - Medication Record

25. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

1. Resident's name.
2. Drug allergies.
3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).
13. Date and time of medication administration.
14. Name and initials of the staff person administering the medication.

Description of Violation

Resident 10 is prescribed Atorvastatin tablet 10 MG by mouth daily, and Clopidogrel tablet 75 MG take one tablet daily for 30 days. However, resident's 9/2024 medication administration record does not indicate diagnosis or purpose for the medications.

Plan of Correction

Accept ( ) - 11/08/2024

On October 1st Administrator [redacted] contacted Divinity Manors local Pharmacy in regards to the situation, going forth all resident MAR will have the proper diagnosis and the purpose of the medication. Oct 2nd administration task checklist has been revised ensuring this policy is done on a monthly basis. On October 30th [redacted] conducted an in-service on this topic all DCS was in attendance. Documentation was recorded.

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented ( ) - 02/13/2025

187b - Date/Time of Medication Admin.

26. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident 10 is prescribed Lactulose SOL 10GM/15. Resident 10's 9/2024 medication administration record does not include the initials of the staff person who administered Lactulose on 9/24/2024 at 12:00 PM.

Plan of Correction

Accept ( ) - 11/08/2024

On September 20th all Divinity Manor DCS had training course on Best Practices in Medication Safety. All Divinity

187b - Date/Time of Medication Admin. (continued)

Manor Staff were retrained on Oct 1st in medication best practices by certified medication trainer. Administrator [REDACTED] has implemented a training plan checklist which will be audited on a semi-monthly basis by administration, audits will be documented in a created binder and all direct care staff will have their own individual training log sheets which will be initialed or signed after each training module has been completed. An in-service on this topic was conducted on October 30th by Administrator [REDACTED] which included all direct care staff employees.

Licensee's Proposed Overall Completion Date: 11/04/2024

Implemented ([REDACTED] - 02/13/2025)

187d - Follow Prescriber's Orders

27. Requirements

2600.  
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident 4 is prescribed blood sugar test 4 times daily scheduled for 7a, 12p, 3p, 7p. 7pm readings were documented on the resident's medication administration record 9/19/2024-9/23/2024. However, resident 10's glucometer had no readings taken at 7pm on 9/19/2024 through 9/23/2024.

Repeat Violation: 5/24/2023

Plan of Correction

Accept ([REDACTED] - 10/28/2024)

On September 30th Administrator [REDACTED] revised Divinity Manor's administrative medication checklist policy which states all glucometer reading logs be checked weekly by attending DCS ensuring proper readings. All Divinity Manor DCS personnel have been in-service on Oct 1st in regards to this weekly practice.

Licensee's Proposed Overall Completion Date: 10/14/2024

Implemented ([REDACTED] - 02/13/2025)

252 - Record Content

28. Requirements

- 2600.
252. Content of Resident Records - Each resident's record must include the following information:
1. Name, gender, admission date, birth date and Social Security number.
  2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.
  3. A photograph of the resident that is no more than 2 years old.
  4. Language or means of communication spoken or used by the resident.
  5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.
  6. The name, address and telephone number of the resident's physician or source of health care.
  7. The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms.
  8. A list of prescribed medications, OTC medications and CAM.
  9. Dietary restrictions.
  10. A record of incident reports for the individual resident.
  11. A list of allergies.

252 - Record Content *(continued)*

12. The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies.
13. The preadmission screening, initial intake assessment and the most current version of the annual assessment.
14. A support plan.
15. Applicable court order, if any.
16. The resident’s medical insurance information.
17. The date of entrance into the home, relocations and discharges, including the transfer of the resident to other homes owned by the same legal entity.
18. An inventory of the resident’s personal property as voluntarily declared by the resident upon admission and voluntarily updated.
19. An inventory of the resident’s property entrusted to the administrator for safekeeping.
20. The financial records of residents receiving assistance with financial management.
21. The reason for termination of services or transfer of the resident, the date of transfer and the destination.
22. Copies of transfer and discharge summaries from hospitals, if available.
23. If the resident dies in the home, a copy of the official death certificate.
24. Signed notification of rights, grievance procedures and applicable consent to treatment protections specified in § 2600.41 (relating to notification of rights and complaint procedures).
25. A copy of the resident-home contract.
26. A termination notice, if any.

**Description of Violation**

*Records of residents 2, 4, and 5 do not include a photograph that is no more than 2 years old.*

**Plan of Correction**

**Accept ( [REDACTED] - 10/28/2024)**

*Administrator [REDACTED] revised Divinity Manor's current administration task checklist on October 8th adding that all resident profile photos will be updated annually by Administration with the current information along with the face sheet. On October 8th all resident profile face sheets have been updated.*

**Licensee's Proposed Overall Completion Date: 10/10/2024**

**Implemented ( [REDACTED] - 02/13/2025)**